Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047 2011

Department of the Treasury

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

			Tito organizatio		-, -: -: -: -: -: -: -: -: -: -: -: -: -:		20. 3 . 2 4 2				
Α	For the 2		ar year, or tax year begin			11, and endi	ng		,		
В	Check if app	olicable	C Name of organization Nev	/ Conservati	ve Coalit	ion		D Employe	er Identifica	tion Number	
	Addres	s change	Doing Business As					80-0	55413	3	
	Name o	change	Number and street (or P O b	ox if mail is not delivered	d to street addr)	Room	/suite	E Telephoi	ne number		
	Initial r	eturn	4600 N. Fairfax	Dr.		802		(202	537	-9260	
	Termin	F	City, town or country		Sta	ate ZIP code +	4				
	\vdash		Arlington		v	A 22203		G Gross re	ceints \$ 2	,414,64	5.
	=	-	F Name and address of principal	of officer	· · · · · · · · · · · · · · · · · · ·	A ZZZOJ	H(a) Is this	a group return			
	Аррііса					*** 22222	1 ' '	affiliates inclu		Yes	\blacksquare
			Kelley Rogers 4600 N.			VA 22203		attach a list		tions)	
	Tax-exem	·	501(c)(3) 501(c) () ◀ (insert no	9) 4947(a)(1)	or X 527	-}		_		
J	Websit	e: ► N/ <i>I</i>						exemption nui			
<u><</u>		rganization	X Corporation Trust	Association Oth	er►	L Year of Forma	ation 2010	0 MIs	ate of legal	domicile VA	L
<u>Pa</u>	rt I	Summary	<u> </u>								
	1 Brid	efly describ	e the organization's missi	on or most signific	ant activities	Organiza	tion w	ill se	rve_a	<u>a</u>	
a l	po	litical	l watchdog and a	dvocate the	election	or defe	at of a	ny par	ticul	ar	
Activities & Governance	са	ndidate	ə.								
Ē											
ove.	2 Che	eck this box	f the organization	n discontinued its	operations or dis	sposed of mo	re than 25°	% of its ne	t assets		
5			ing members of the gover					1	3		3
מ	4 Nur	mber of ind	ependent voting members	of the governing t	oody (Part VI, Im	ne 1b)			4		3
1	5 Tot	al number o	of individuals employed in	calendar year 201	1 (Part V, line 2	?a)			5		0
2	6 Tot	al number o	of volunteers (estimate if	necessary)					6		3
ć į	7a Tot	al unrelated	d business revenue from f	Part VIII, column (0	C), line 12			-	7 a		
	b Net	unrelated l	business taxable income	from Form 990-T, I	ine 34				7 b		
							Р	rior Year		Current Y	ear
	8 Cor	ntributions a	and grants (Part VIII, line	1h)				357,2	40.	2,414	,645.
			ce revenue (Part VIII, line								
		-	come (Part VIII, column (A		⁷ d)						
			(Part VIII, column (A), Iir	•	-						
			- add lines 8 through 11			line 12)		357,2	40.	2,414	.645.
7			nilar amounts paid (Part I			,					
			o or for members (Part I)								
						- F 10)	-	-			
,			compensation, employee			es 5-10)	·	-			
2	16a Pro	ifession a l fu	undraising fees (Part IX, col ng exbenses (Part IX, col	olumn (A), line 11	e)			341,0	55.	2,296	<u>,542.</u>
Expenses	b Tot	al fundraisi	ng expenses (Part IX, col	umn (D), line 25) 🕴	2,	296,542.					
ij	17 Oth	er expense	s (Part IX, column (A), lır	10 la-11d 11f-2	4e)						•
	18 Tot	al expense	s Add Tines 03772018t	Bart IV colu	mp (Δ) Jung 25)			341,0	55	2,296	F42
-					Till (A), line 25)						
_	19 Rev	venue less o	expenses Subtract line 1	Silvom line 12	· · · · · ·			16,1		-	,103.
800			ParQGDEN, UT	1			Beginnir	ig of Current		End of Ye	
							ļ	16,1	85.	134	<u>,288.</u>
֓֓֞֟֟֓֓֓֓֓֟	21 Tot	al liabilities	(Part X, line 26)								
֓֡֡֓֞֡֓֓֡֓֓֓֡֡֡֡֓	22 Net	assets or f	fund balan¢es. Subtract III	ne 21 from line 20				16,1	85.	134	,288.
'na	rt II	Signature	Block								
			//////////	urn, includino accompan	ving schedules and st	tatements and to	the best of m	v knowledae :	and belief if	t is true, correc	t. and
mp	lete Declar	ation of prepare	clare that I have examined this ret er cother than office() is based on	all information of which	preparer has any kno	wledge		,oago .			.,
			600h 1500								
ig	ın	Signature	of officer				Da	te			-
le	re	 /	1 De last								
		Type or c	ce Victing title								
			eparer's name	Proparate assets		Data	7		, PTI	v	
		'' '		Preparer's signature		Date		Check	J "		
	d	Kevin (G. Robertson	1/		11/21	/12	self employe	d P0	1479085	
	parer	Firm s name	► BAKER & HOST	ETLER LLP							
S	e Only	Firm's addres	s - 1900 EAST 9T	H STREET ST	E. 3200			Firm's EIN	<u>34-0</u>	082025	
			CLEVELAND		ОН 44:	114		Phone no	(216)	621-02	00
/lav	the IRS	discuss this	return with the preparer	shown above? (see					· -	X Yes	No
									I-		

TEEA0101 07/05/11

orm	n 990 (2011) New Conservative Coalition	80-0554133	F	age
Par	rt IV Checklist of Required Schedules			
			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' Schedule A	complete 1		х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		x
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to for public office? If 'Yes,' complete Schedule C, Part I	o candidates 3	x_	
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(in effect during the tax year? If 'Yes,' complete Schedule C, Part II	(h) election		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership due assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C,	s, Part III 5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Part I	nave the right te Schedule D,		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	ee, the		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yo complete Schedule D, Part III	es, '	_	х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Pa or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	ete 9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endow permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	rments,		х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, or X as applicable	VII, VIII, IX,		
а	a Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' compl. D, Part VI	lete Schedule	a	x
b	b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	ore of its total	b	x
c	c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or m assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VIII</i>	nore of its total	с	х
c	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total ass in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	ets reported	d	х
e	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D,	, Part X	е	х
f	f Did the organization's separate or consolidated financial statements for the tax year include a footnote tha the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule	t addresses D, Part X 11	f	х
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' c Schedule D, Parts XI, XII, and XIII	omplete 12:	а	х
b	b Was the organization included in consolidated, independent audited financial statements for the tax year? if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.	If 'Yes,' and 12	b	х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14:	a	X
b	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundrabusiness, investment, and program service activities outside the United States, or aggregate foreign invest at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV		b	х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	organization 15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistandividuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	ance to 16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	on Part IX,	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions or lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	n Part VIII,		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a complete Schedule G, Part III	? If 'Yes,'		x

20 b

20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H

b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?

Form 990 (2011) New Conservative Coalition

Part IV | Checklist of Required Schedules (continued)

			res	NO
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		<u>x</u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		x
24 a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		<u>x</u>
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
C	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		
ŀ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		<u> </u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		x
28	instructions for applicable filing thresholds, conditions, and exceptions).			
ā	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		<u> </u>
t	a A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
29	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	28c 29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		<u>x</u>
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		<u>x</u>
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
t	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		<u>x</u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197 Note. All Form 990 filers are required to complete Schedule O	38	х	
AA		Form	990 ((2011)

80-0554133 Forrh 990 (2011) New Conservative Coalition Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes No 0 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1 a b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1 b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1 c (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2h Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 a X 3 b b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4 a X **b** If 'Yes,' enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5 a 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X 5с c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization 6 a X solicit any contributions that were not tax deductible? **b** If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Х Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and 7 a services provided to the payor b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7h c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7 c Form 8282 d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 76 71 f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7 g as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 7h Form 1098-C7 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business Ω holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9 a b Did the organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter 10 a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders 11 a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11 b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a is the organization licensed to issue qualified health plans in more than one state? 13 a

Note. See the instructions for additional information the organization must report on Schedule O

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year? b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O

Form 990 (2011)

14 a

14b

х

13b

13 c

Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to līne 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. \mathbf{x} Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1 a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 1 b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? 2 Х Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х х 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a members of the governing body? Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8a Х b Each committee with authority to act on behalf of the governing body? 8b Х Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 9 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code Yes No 10a 10a Did the organization have local chapters, branches, or affiliates? х b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a х b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 Х 12a b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 12c 13 Did the organization have a written whistleblower policy? 13 х 14 Did the organization have a written document retention and destruction policy? 14 Х Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15 a х **b** Other officers of key employees of the organization 15b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 a X b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available. Check all that apply Another's website |X| Upon request Describe in Schedule 0 whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the organization 4600 N. Fairfax Dr., Ste 802 Arlington VA 22203 (202) 537-9260 Dennis Whitfield

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of 'key employee'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees; officers, key employees, highest compensated employees, and former such persons

X Check this box if neither the organization	nor any r	elated	org	janız	atio	n com	pen	sated any current office	cer, director, or truste	<u>e</u>
				•	C)					
(A) Name and title	(B) Average hours per week	unles	s per	rson is	s botl	ian one h an offi rustee)	box, cer	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other compensation
	(describe hours for related organiza tions in Schedule O)	adividi el truscee or director	mshtutronal trustee	Offirer	key employee	Highest cointensated employee	Fosnei	the organization (W-2/1099-MISC)	related organizations (W 2/1099-MISC)	from the organization and related organizations
(1) Dennis Whitfield	1 00									
Director	1.00	<u> </u>	-					0.	0.	0.
(2) David Keene Director	1.00	v						0.	٥.	0
(3) Kelley Rogers			-					0.	0.	0.
Director	1.00	х						0.	0.	0.
_(4)						,				
<u>(5)</u>										
<u>(6)</u>										
<u></u>										
_(9)										
(10)										
(11)										
(12)										
(13)						-				
(14)										

Part VII Section A. Officers, Directors, Trust		(ey	Em	plo	ye	es,	and	d Highest Com	pensated Emp		(cont)
				((
(A) Name and title	(B) Average hours per	box, offic	unle er an	heck ss pe id a d	rson	than is bot or/trus	h an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W 2/1099-MISC)	Est amour comp	(F) mated It of other ensation
	week (describ e hours	Individua or directo	Institutio	Officer	Key emp	Highest o	Former	(W-2/1099-MISC)	(W 2/1099-MISC)	orga and	m the nization related nizations
	week (describ e hours for related organi zations in Sch O)	il trustee or	Institutional trustee		employee	Highest compensated employee					
(15)									<u>. </u>		
(16)											
(17)					_				-		
<u>(18)</u>											
<u>(19)</u>											
(20)											
(21)											
(22)											
(23)											
(24)											
(25)											
1 b Sub-total							•	0.	0.		0.
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)	١						-	0.	0.	1	0.
Total number of individuals (including but not limited from the organization	to thos	se lis	ted	abov	ve) v	who	rece	·			
			-								Yes No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such incomplete.			еу є	empl	oye	e, or	hig	hest compensated	employee	3	X
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater th such individual	ortable an \$15	con 0,00	npen 02 li	satı f 'Ye	on a	and o	thei <i>lete</i>	r compensation fro Schedule J for	om	4	х
5 Did any person listed on line 1a receive or accrue co for services rendered to the organization? If 'Yes,' co	mpens mplete	atior Sch	n fro nedu	m aı <i>le J</i>	ny u for :	nrela such	ated per	l organization or in	dıvıdual	5	x
Section B. Independent Contractors									<u>#100.000</u>		
Complete this table for your five highest compensate compensation from the organization. Report compens	d indep sation	oena for th	ent o	alen	racti dar	ors t year	nat enc	received more tha ling with or within	n \$100,000 of the organization's	tax year	
(A) Name and business address	5							Description (of services	(C) Compen	
Infocision Mgmt. Corp 325 Springdale Dr Ak	ron			ОН	. 4	43	33	Fundraising	3	2,29	6,542.
					_				-		
2 Total number of independent contractors (including b \$100,000 in compensation from the organization ►		limite	ed to	tho	se I	ısted	ab	ove) who received	more than		

Pai	t VIII Statement of Revenue				
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lns 1a-1f* h Total. Add lines 1a-1f	2,414,645.			
PROGRAM SERVICE REVENUE	Business Code 2 a b c d e f All other program service revenue g Total. Add lines 2a-2f			Provide Annual State of the Control	Amorphic register to this on the
	3 Investment income (including dividends, interest and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss)				
	d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)				
OTHER REVENUE	8a Gross income from fundraising events (not including \$			The state of the s	a varion. On indicato alla
	b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a	To the second of			
	b c d All other revenue e Total. Add lines 11a-11d	2.414.645.			

Page 10

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	Check if Schedule O contains a re	esponse to any question	in this Part IX	= =	
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
	Fees for services (non-employees)				
	Management				
	, *				
	Legal	_			
	Accounting				
	Lobbying			 	
е	Professional fundraising services See Part IV, line 17	2,296,542.			2,296,542.
f	Investment management fees				
ç	Other				
12	Advertising and promotion		-		
13	Office expenses				
14	Information technology				•
15	Royalties				
16	Occupancy				
	Travel			· · · · · · · · · · · · · · · · · · ·	
				-	
10	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	<u> </u>		,	
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а					
b					
c					
c					
_	All other expenses				
	Total functional expenses Add lines 1 through 24e	2,296,542.			2,296,542.
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	2,270,342.			2,270,374.
	Check here ► ☐ If following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** (A) Beginning of year End of year 16,185. 1 134,288. Cash — non-interest-bearing Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net 4 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, 5 and highest compensated employees. Complete Part II of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 organizations (see instructions) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10 a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10 a 10 b 10 c **b** Less accumulated depreciation 11 11 Investments - publicly traded securities 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 16,185 16 134,288. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 22 of Schedule L Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 26 0. ο. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here and complete lines 27 through 29 and lines 33 and 34. 27 Unrestricted net assets 27 28 28 Temporarily restricted net assets Permanently restricted net assets 29 Q R Organizations that do not follow SFAS 117, check here X and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 16,185 32 134,288. 32 Retained earnings, endowment, accumulated income, or other funds 16,185 33 33 Total net assets or fund balances 134,288. 34 Total liabilities and net assets/fund balances 16,185. 34 134,288.

BAA Form 990 (2011)

Form 990 (2011) New Conservative Coalition 80	0-0554133		Pa	ige 12
Part XI Reconciliation of Net Assets				
Check if Schedule O contains a response to any question in this Part XI				
1 Total revenue (must equal Part VIII, column (A), line 12)	1	2,4	14,6	45.
2 Total expenses (must equal Part IX, column (A), line 25)	2	2,2	96,5	<u>42.</u>
3 Revenue less expenses Subtract line 2 from line 1	3	1	18,1	.03.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		16,1	.85.
5 Other changes in net assets or fund balances (explain in Schedule O)	5			
6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1	34,2	88.
Part XII Financial Statements and Reporting				
Check if Schedule O contains a response to any question in this Part XII				
			Yes	No
1 Accounting method used to prepare the Form 990 X Cash Accrual Other				
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O				
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
b Were the organization's financial statements audited by an independent accountant?		2b		x
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of review, or compilation of its financial statements and selection of an independent accountant?	the audit,	2 c		
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule \ensuremath{O}		,		
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue separate basis, consolidated basis, or both	ued on a			
Separate basis Consolidated basis Both consolidated and separate basis				
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133?	Single	За		x_
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the req or audits, explain why in Schedule O and describe any steps taken to undergo such audits	uired audit	3 b		
BAA		Form	990 ((2011)

TEEA0112 07/06/11

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545 0047 2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

• Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B.

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

Section 527 organizations Complete Part I-A only

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then Section 501(c)(4), (5), or (6) organizations Complete Part III Name of organization Employer identification number 80-0554133 New Conservative Coalition Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures ٥. 3 Volunteer hours 0 Part I-B Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 Ś 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No 4a Was a correction made? Yes No b If 'Yes,' describe in Part IV Part I-C | Complete if the organization is exempt under section 501(c), except section 501(c)(3) Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, 3 line 17b Did the filing organization file Form 1120-POL for this year? Yes Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from filing (e) Amount of political organization's funds If none, enter-0 contributions received and promptly and directly delivered to a separate political organization If none, enter 0-(1) (2) (3) (4)(5)

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ

(6)

Schedule C (Form 990 or 990-EZ) 2011

Schedule C (Form 990 or 990-EZ) 201	New Conser	vative Coalition		80-055	4133 Page 2
	the organization	on is exempt under se	ection 501(c)(3) an	d filed Form 5768 (e	lection under
A Check ► If the filir	ng organization be	ongs to an affiliated group	(and list in Part IV eacl	n affiliated group member	s name,
address,	EIN, expenses, ar	nd share of excess lobbying	expenditures)	- '	
B Check ► I if the filin	ng organization ch	ecked box A and 'limited coi	ntrol' provisions apply		
(The term	Limits on Lobb 'expenditures' me	ying Expenditures eans amounts paid or incur	red.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditu	res to influence pu	ublic opinion (grass roots lo	bbying)		
, , ,	•	legislative body (direct lobb			•
c Total lobbying expenditu		• • •	, <u>.</u> .		
d Other exempt purpose e	expenditures				
e Total exempt purpose ex	xpenditures (add li	nes 1c and 1d)			
f Lobbying nontaxable am both columns	nount Enter the ar	nount from the following tab	le ın		
If the amount on line 1e, col	umn (a) or (b) is	The lobbying nontaxable a	amount is		
Not over \$500,000	2 (4) 0. (4) 10	20% of the amount on line 1e			
Over \$500,000 but not over \$1,	.000.000	\$100,000 plus 15% of the exces	s over \$500,000		
Over \$1,000,000 but not over \$		\$175,000 plus 10% of the exces			
Over \$1,500,000 but not over \$		\$225,000 plus 5% of the excess	· · · · · · · · · · · · · · · · · · ·		
Over \$17,000,000	,	\$1,000,000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
g Grassroots nontaxable a	mount (enter 25%	 ' ' ' - - 	l		
h Subtract line 1g from lin	•				
i Subtract line 1f from line					
				4700	
section 4911 tax for this		ther line 1h or line 1i, did th		m 4720 reporting 	Yes No
(Son	ne organizations t colur	4-Year Averaging Period nat made a section 501(h) e nns below. See the instruct	election do not have to	complete all of the five gh 2f.)	
	Lo	obying Expenditures During	g 4-Year Averaging Pe	riod	
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
		· · · · · · · · · · · · · · · · · · ·			

Schedule C (Form 990 or 990-EZ) 2011

f Grassroots lobbying expenditures

BAA

Schedule C (Form 990 or 990-EZ) 2011 New Conservative Coalition 80-0554133

Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768

(election under section 501(h)).					
	(a	9)	(b)	
For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	Yes	No	Amo	unt	
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of		and the second			
a Volunteers?					
 b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? 					
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities?					
j Total Add lines 1c through 1:					
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b If 'Yes,' enter the amount of any tax incurred under section 4912					
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501 section 501(c)(6).	(c)(5)	, or			
				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?			1	103	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	or s	1 - 1		
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' O answered 'Yes.'	Ř (b)	Part	III-A, line	3, is	;
1 Dues, assessments and similar amounts from members		1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
a Current year		2 a			
b Carryover from last year		2b			
c Total		2 c			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess					
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	al	4			
5 Taxable amount of lobbying and political expenditures (see instructions)		5			
Part IV Supplemental Information					
Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part Also, complete this part for any additional information	II-A, a	ınd Paı	rt II-B, line	1	
Pt I-A Line 1 Raised funds to advocate the election or defeat of	par	 t <u>icu</u>	lar		·
candidates but did not expend any such funds to da	t <u>e.</u> _				
		-			
					

Scheaule C (Form 990 or 990-E2) 2011 New Conservative Coalition	90-0334733	raye •
Part IV	Supplemental Information (continued)		
_			
			
	,		
_ 			
			
-			- -
			
			
			_

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

Employer identification number

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or 1f the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

80-0554133 New Conservative Coalition Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply а Mail solicitations Solicitation of non-government grants f Solicitation of government grants b Internet and email solicitations Special fundraising events c Phone solicitations d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of individual (ii) Activity (III) Did fundraiser (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) have custody or control from activity (or retained by) (or retained by) of contributions? fundraiser listed in organization column (i) Yes No 1 Infocision Management Corp. Solicitation X 2,414,645 2,296,542 118,103. 2 3 4 5 6 7 8 9 10 Total 2,414,645. 2,296,542. 118,103. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

80-0554133	80	- (0	5	5	4	1	3	3
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1					(add column (a)		
1		(event type)	(event type)	(total number)	through column (c)		
	Gross receipts						
2	Less Charitable contributions						
3	Gross income (line 1 minus line 2)						
4	Cash prizes						
5	Noncash prizes						
6	Rent/facility costs						
7	Food and beverages						
8	Entertainment						
9	Other direct expenses						
11	Net income summary Combine line 3, co Gaming. Complete if the organization	olumn (d), and line 10 ation answered 'Ye	s' to Form 990, Par	t IV, line 19, or rep	ported more than		
	• • • • • • • • • • • • • • • • • • • 	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c)		
1	Gross revenue						
2	Cash prizes						
3	Non-cash prizes						
4	Rent/facility costs						
5	Other direct expenses						
6	Volunteer labor	Yes%	Yes%	Yes%			
7	7 Direct expense summary Add lines 2 through 5 in column (d)						
8	Net gaming income summary Combine li						
ls th	ne organization licensed to operate gaming	activities in each of the	ese states?		Yes No		
			=	-	Yes No		
	9 9 10 11 11 1 2 3 4 4 5 5 6 6 7 8 8 Interest of 'N	9 Other direct expenses 10 Direct expense summary Add lines 4 through the income summary Combine line 3, combine line 1, comb	9 Other direct expenses 10 Direct expense summary Add lines 4 through 9 in column (d) 11 Net income summary Combine line 3, column (d), and line 10 12 Saming. Complete if the organization answered 'Ye \$15,000 on Form 990-EZ, line 6a. 1 Gross revenue 2 Cash prizes 3 Non-cash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Combine lines 1, column (d) and lineer the state(s) in which the organization operates gaming activities is the organization licensed to operate gaming activities in each of the two, explain Vere any of the organization's gaming licenses revoked, suspended of 'Yes,' explain	9 Other direct expenses 10 Direct expense summary Add lines 4 through 9 in column (d) Net income summary Combine line 3, column (d), and line 10 11 Gaming. Complete if the organization answered 'Yes' to Form 990, Par \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo 1 Gross revenue 2 Cash prizes 3 Non-cash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Combine lines 1, column (d) and line 7 Enter the state(s) in which the organization operates gaming activities is the organization licensed to operate gaming activities in each of these states? 1 Vere any of the organization's gaming licenses revoked, suspended or terminated during the vere any of the organization's gaming licenses revoked, suspended or terminated during the vere any of the organization's gaming licenses revoked, suspended or terminated during the vere any of the organization's gaming licenses revoked, suspended or terminated during the vere any of the organization's gaming licenses revoked, suspended or terminated during the vere and the organization is gaming licenses revoked, suspended or terminated during the vere any of the organization's gaming licenses revoked, suspended or terminated during the vere and the organization is gaming licenses.	Other direct expenses Direct expense summary Add lines 4 through 9 in column (d) Net income summary Combine line 3, column (d), and line 10 St5,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo Correspondent of the organization answered 'Yes' to Form 990, Part IV, line 19, or report of the organization answered in the properties of the organization of the set of the states of the states of the states of the states of the organization operates gaming activities in each of these states? Other direct expenses No inter the state(s) in which the organization operates gaming activities in each of these states? Vere any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 'Yes,' explain		

Sch	edule G (Form 990 or 990-EZ) 2011 New Conservative Coalition	0-0554	133	Page 3
	Does the organization operate gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity for administer charitable gaming?	ned to	Yes	No
13	Indicate the percentage of gaming activity operated in			
	a The organization's facility	13a		%
	b An outside facility	13 b		
	Enter the name and address of the person who prepares the organization's gaming/special events books and	records		
	Name •			
	Address ►			
	a Does the organization have a contact with a third party from whom the organization receives gaming revenue bif 'Yes,' enter the amount of gaming revenue received by the organization \$ and to of gaming revenue retained by the third party \$ to f 'Yes,' enter name and address of the third party		☐ Yes	No
	Name •	. – – – -		
	Address ►			
16	Gaming manager information			
	Name •	. – – – – -		
	Gaming manager compensation • \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
	a is the organization required under state law to make charitable distributions from the gaming proceeds to reta state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or so organization's own exempt activities during the tax year		Yes	No
Ра	Supplemental Information. Complete this part to provide the explanations require columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applithis part to provide any additional information (see instructions).	d by Par cable. A	t I, line i Iso comp	2b, olete
BAA	TEEA3703 05/20/11 Schedul	e G (Form	990 or 990	D-EZ) 2011

SCHEDULE O (Form 990 or 990-EZ)

Name of the organization

Supplemental Information to Form 990 or 990-EZ

OMB No 1545 0047

2011

Open to Public Inspection

Employer identification number

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

80-0554133 New Conservative Coalition Pt VI, Line 11a Copy of Form 990 provided to all Directors prior to filing. Pt VI, Line 18 Documents available upon request. Pt VI, Line 19 Governing documents available upon request. There is no conflict of interest policy or separately prepared financial statements.